

RESPIRATORY PROTECTION PROGRAM RECORD FOR ARMY

Name: (Last)	(First)	(Middle)	Phone: 256-895-	Bldg.: 4820 Univ Square	Date:
Email address:			Office Code: CEHNC-	Job Title:	
SS#: (last 4 digits):	MACOM: U.S. Army Corps of Engineers (COE)				
Name of Supervisor:			Supervisor's Phone: 256-895-		
Supervisor , Industrial Hygienist, or Safety Certification Signature That Employee " <u>Potential Occupational Exposure</u> " is Accurate:			Recommended Type of Respirator (SSHO)		

POTENTIAL OCCUPATIONAL EXPOSURE

CHEMICALS (Check if Applicable) _____

<input type="checkbox"/> Photographic	<input type="checkbox"/> Adhesives	<input type="checkbox"/> Isocyanates	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Lubricants/Oils
<input type="checkbox"/> Paints	<input type="checkbox"/> Cryogenics	<input type="checkbox"/> Benzene	<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> PCBs
<input type="checkbox"/> Solvents	<input type="checkbox"/> Fuels	<input type="checkbox"/> Plating/Surface Treatment Chemicals		
<input type="checkbox"/> Resins	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Pesticides/Herbicides/Insecticides		
<input type="checkbox"/> Other: (Explain): _____ Explosives/OE/UXO, _____ Mustard/Nerve Agent/CWM				

Explain use: Respirators are available on-site through the contractors; and respirator selection is based on "a reasonable estimate of employee exposure."

METALS/DUSTS/FIBERS (Check if Applicable) _____

<input type="checkbox"/> Lead	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Soldering Fumes	<input type="checkbox"/> Nickel	<input type="checkbox"/> Beryllium
<input type="checkbox"/> Mercury	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Chromium	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Nuisance Dusts
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Welding Fumes	<input type="checkbox"/> Silica/Abrasive Blasting Media		
<input type="checkbox"/> Other (Explain): _____				

Explain Use: The Individual named above has:
 Undergone a physical examination per OSHA (29CFR 1910.134 (b)) and been found
 Medically: () qualified to use a respirator; () not qualified to use a respirator

PHYSICIAN'S APPROVAL

ACTION TAKEN:	TYPE OF ACTION:	Signature of Physician:	DATE:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Use Test required <input type="checkbox"/> Corrective Lenses Required	<input type="checkbox"/> Initial Issuance <input type="checkbox"/> Annual Review		

FUNDING APPROVAL

Funding for these services has been made to RASA.

Date